

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>MA</i> | <i>93</i> | <i>10-12-01</i> |
| FORMALITY REVIEW | <i>TH</i> | <i>1022</i> | <i>11-15-01</i> |
| RESPONSE FORMALITY REVIEW | <i>TH</i> | <i>1022</i> | <i>04-01-02</i> |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-electer
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|--------------|
| Final | |
| Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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11-15-01